



# Decontamination Declaration for Returned Goods

The completely filled out decontamination declaration is the prerequisite for the acceptance and further processing of the returned goods. If the return is not accompanied by a corresponding declaration, Trajan Scientific and Medical\* reserves the right not to proceed with the service. Please fill out one declaration form per returned product.

**Please fill out in block letters:**

First Name, Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Description of returned goods:**

Part Number/Model: \_\_\_\_\_  
Serial No.: \_\_\_\_\_  
Quantity: \_\_\_\_\_  
Condition:                      *New*                      *Used*  
Reference No: \_\_\_\_\_

**Reason for returning the goods:**

\_\_\_\_\_  
\_\_\_\_\_

**Have any of the items come in contact with the following materials? Please tick ( ) as appropriate.**

Health-damaging liquid solutions, buffers, acids and alkalis:					Yes	No
Potentially infectious agents:					Yes	No
Organic reagents and solvents:					Yes	No
Radioactive substances: _____ Radiation	$\alpha$	$\beta$	$\gamma$	Yes	No	
Health-damaging proteins:				Yes	No	
DNA:				Yes	No	
Other dangerous or hazardous materials:				Yes	No	

If Yes to any of the above, please give details \_\_\_\_\_

**Please describe the method used to decontaminate the product listed (if applicable).**

Please note that it is the user's responsibility to confirm that the method of decontamination used is appropriate.

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following declaration:**

*I declare that the above information is correct and that the above products are free of any potential biological, radioactive or chemical hazard and are safe for handling and transportation. The sender is liable for any damage arising from inappropriate, incomplete or non-decontamination of the returned goods.*

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Contact details: \_\_\_\_\_  
Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

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